## SCHOOL DIRECTOR DESIGNATION AND ACCEPTANCE FORM

Form Code: PSS\_SD v.1.0

Application fee - None

## **COMMONWEALTH OF VIRGINIA**

Department of Criminal Justice Services
Private Security Services Section
P.O. Box 10110, Richmond, VA 23240-9998
Phone #: (804) 786-4700; Fax #: (804) 786-6344
Website: www.dcjs.virginia.gov/pss
Status Hotline: (804) 786-1132 or 1-877-9STATUS

<ol> <li>School Lega</li> </ol>	al Entity Name:					
2. Trade or Fig	titious Name:					
3. DCJS ID# 8	8	School E-Ma	E-Mail:		_	
4. Mailing Ado	Number and Stre	et	City/Town	State	Zip	
5. Physical Ad (if different than N	dress:  Mailing) Number and Stre	et	City/Town	State	Zip	
6. Telephone:	Business:		Fax:			
7. Please List l	Designated School D	irector:				
Name:	Name: DCJS ID #: 99					
Current Instruct	or Certification expiration of	ate:m	nm/dd/yy		mm/dd/yy	
knowledge and falsification or other charges. I unde	I have not omitted aromission of pertinent rstand that I am resp	ny pertinent information may onsible for mainta	ed on this form is trumation. I understand be cause for denial and aining full compliance to Private Security S	I that any misro and may result ce with Virgini	epresentation t in criminal ia Code Sect	
President/Princi	pal/Owner	Print Name				
ignature Required:				Date:		
Designated Sch	ool Director	Print Name				
Signature Required	ı.			Date		

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